DEPARTMENT OF GENERAL ADMINISTRATION DIVISION OF REAL ESTATE SERVICES

SPACE REQUEST



REQUESTING AGENCY	
UNIT TO OCCUPY SPACE _	
CITY	
DATE	

PLEASE NOTE: In compliance with the certification that funds are available (page 2 of 6), and in the event your agency cancels services provided by the Division of Real Estate Services and the Division has invested significant time on this project; your agency will be charged for the work at the appropriate reimbursable rate.

Space Request No.	
	(From DRES)



(ADDED STAFF, PRESENT FACILITIES INADEQUATE, LEASE EXPIRATION, NEW UNIT ACTIVATED, ETC.): LTERNATIVES CONSIDERED BEFORE REQUESTING NEW SPACE AND REASONS FOR REJECTION
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STATE OF WASHINGTON SPACE REQUEST

(PLEASE TYPE OR PRINT) DATE OF REQUEST

DATE OCCUPANCY OR

OFFICE USE ONLY SPACE REQUEST NUMBER

ACTION NEEDED

REQUESTING AGENCY PERSON TO CONTACT AGENCY UNIT TO OCCUPY REQUESTED SPACE TELEPHONE NO. PRESENT ADDRESS I CERTIFY THAT THE REQUESTED SPACE IS NECESSARY AND FUNDS ARE AVAILABLE TO IMPLEMENT THIS REQUEST AND THAT ALL INFORMATION IS ACCURATE. TYPE NAME TYPE TITLE AUTHORIZED SIGNATURE (requesting agency) AGENCY HEAD OR DESIGNEE **ACTION REQUESTED** LEASE NEW SPACE * **EXERCISE OPTION FOR:** TERMINATE EXISTING LEASE # _ EXTEND LEASE # ADDITIONAL TERM MODIFY LEASE # LEASE OF STATE-OWNED PROPERTY ADDITIONAL SPACE RENEW LEASE # OTHERS (describe on reverse side) **PURCHASE** * NEW SPACE INCLUDES ANY SPACE NOT SPECIFICALLY INCLUDED IN A CURRENT LEASE HELD BY THE REQUESTING AGENCY. **FOR** SAME SPACE DIFFERENT SPACE ADDITIONAL SPACE OTHER (Describe) TYPE OF SPACE OFFICE LABORATORY WAREHOUSE **STORAGE BOAT MOORAGE** LAND OTHER (Specify) (COMPLETION OF PAGES 3-6 REQUIRED FOR OFFICE SPACE OR LABORATORIES ONLY) CITY **LOCATION DESIRED:** COUNTY SPECIAL LOCATION FACTORS: AGENCY OPERATIONS: WILL AGENCY OPERATIONS (1) INCREASE LESSOR'S NORMAL OPERATING COST AND OR (2) EXTEND BEYOND NORMAL BUSINESS HOURS? YES NO (Explain)

FEATURES DESIRED: (Leased Space Only)

LEASE TERM YEARS, STARTING AND ENDING

FIRM TERM YEARS, CANCELLABLE AFTER ON DAYS PRIOR NOTICE

OPTION PROVIDING OTHER (Specify)

RENT TO INCLUDE: JANITORIAL SERVICES AND ALL UTILITIES IN STD LEASE FORM EXCEPT

ALL ALTERATIONS NADA TENANT IMPROVEMENTS

PARKING SPACES

PRESENT OCCUPANCY STATUS OF SUBJECT AGENCY UNIT:

UNIT NOW HOUSED: IN STATE-OWNED BLDG IN LEASED SPACE **NOT HOUSED**

OTHER (Describe)

MONTH PRESENT LEASE NO. PRESENT RENTAL AMOUNT

EXPIRATION DATE OF PRESENT LEASE

PRESENT LEASE CANCELLABLE AFTER ON DAYS PRIOR NOTICE

PRESENT LEASE OPTIONS PERMIT EXTENDING TERM TO

> **ADDING** SQ. FT. SPACE AFTER ON DAYS NOTICE

SPACE PLANNING DATA SHEET DATE DATE PAGE REQUEST NUMBER TELEPHONE

OFFICE/WORKSTATION SPACE ALLOCATIONS	NUMBER OF PERSONNEL	

CLASS CODE	CLASSIFICATION TITLE	SPACE CODE	PRESENT	* YEAR	* YEAR	STANDARD NET SQ. FT.	ALLOWABLE NET SQ. FT.
TO	TAL AUTHORIZED PERSONNEL				A.		
TO	TAL OFFICE WORKSTATION AREA	4	10% Pri	vate Offic	es/90% C	Open Space	B.
AVERAGE SQ. FT. PER WORKSTATION			Di ^s (Standa	vide total ard Allowa	"B" by to	tal "A")-90 sq. ft.)	

^{*} NO. YEARS PROJECTED GROWTH

OFFICE SUPPORT AREAS

Reception/Conference

RECEPTION AREAS/ROOMS	SPACE CODE	ALLOWABLE SQ. FT.	QUANTITY PRESENT	QUANTITY *	SQUARE FEET
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SUAL ALLOWANCE IS 3.3 sf X TOTAL 'A	\' =	SF TOTA	L RECEPTION	ON AREAS	
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SUAL ALLOWANCE IS 3.3 sf X TOTAL 'A	A' =SPACE CODE	SF TOTAL	L RECEPTION OF THE PRESENT	ON AREAS QUANTITY *	SQUARE FEET
	SPACE	ALLOWABLE	QUANTITY		
	SPACE	ALLOWABLE	QUANTITY		
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	SPACE	ALLOWABLE	QUANTITY		
	SPACE	ALLOWABLE	QUANTITY		

^{* 5-}Year Projection

OFFICE SUPPORT AREAS

Equipment and Furnishings

OFFICE SUPPORT EQUIPMENT/AREAS	EQUIPMENT CODE	ALLOWABLE SQ. FT.	QUANTITY PRESENT	QUANTITY *	SQUARE FEET
SUAL ALLOWANCE IS 36.7 sf X TOTAL "A" = _	To	LOTAL OFFICE SUP	PPORT EQUIPM	IENT/AREAS	
ISUAL ALLOWANCE IS 48.7 sf X TOTAL "A" = _	T(OTAL ALL OFFICE			

^{* 5-}Year Projection

NOTE: Attach additional sheets, if needed.

SPECIAL AREAS/ROOMS

SPECIAL AREAS/ROOMS SIZE SQUA							
(i.e., Labs, Classrooms, Etc.) P			SIZE WIDTH X DEPTH	QUANTITY	SQUARE FEET		
	'	,					
SPECIAL REQUIREMENT	ΓS: EXT	RA STRENGTH FLOO)RS		_		
	SEC	CURITY SYSTEM			_		
	OTH	HER			_		
	Α.	TOTAL SPECIAL AREAS/R	OOMS				
	В.	TOTAL ALL OFFICE SUPP	ORT AREAS (page	5)			
	C.	TOTAL OFFICE/WORKSTA	ATION AREA (page	3, total 'B')			
	D.	TOTAL WORK SPACE ARE	EA (Add Lines A & B	& C)			
	E.	TOTAL INTERNAL CIRCUL	ATION (Add 25% of	Line D)			
	F	ASSIGNABLE SPACE REQ	UIED (Add Lines D	& E)			
	G.	NON-ASSIGNABLE COMM	ION AREAS (20% of	Line F)			
	Н.	TOTAL GROSS/RENTABLE	E AREA (Add Lines	= & G)			
TOTAL ASSIGNABLE SQ. FT.	PER PERSON:	Divide Line F by Total 'A' f	rom page 3				
		(Standard Allowance is 15	-				
MISCELLANEOUS REQU	JIREMENTS:						
PARKING SPACES	STATE CARS _						
	OTHER _						
	TOTAL						
OTHER							

INSTRUCTIONS FOR COMPLETING GENA-1253 SPACE REQUEST

INSTRUCTIONS FOR PAGE 1 OF 6

Statement of Justification: The requesting agency must justify why it is necessary for the state to secure additional leased space. The justification may include additional agency programs, growth or other factors causing the increase in leased space for the requesting agency. The information provided in this space will determine if the request is processed or returned for further justification.

Alternatives Considered Before Requesting New Space and Reasons for Rejection: The requesting agency must explain how this request compares to utilizing already existing state-owned or leased space. In addition, this request should be discussed in comparison to know future needs and why consolidation or collocation should not be considered and how this request relates to space requests already pending in the Department of General Administration.

INSTRUCTIONS FOR PAGE 2 OF 6

Date of Request: Date Space Request Form was sent to the Division of Real Estate Services from the client agency.

Date Occupancy or Action Needed: Required date for occupancy of space acquired by client agency.

Requesting Agency: The client agency that is making the request.

Person to Contact: The client agency's single point of contact.

Agency Unit to Occupy Requested Space: The specific unit, bureau, division, office or agency that will occupy the space requested and for whom the space will be designed.

Telephone Number: The phone number of the client agency's single point of contact.

Present Address: Present address of the unit, bureau, division, office or agency that is requesting the space.

Financial Certification Statement: Agency head or designee must certify that the agency has sufficient funds to implement the request before the Department of General Administration processes any requests.

Action Requested: Client agency requests a specific action to extend current lease, to modify current lease, to renew current lease, to lease new space, to terminate existing lease, to lease state-owned property; to exercise land options, such as requesting additional term of land option; to request additional acres; to purchase land for lease development; and other. In the "FOR" block check the type of space needed for the action requested.

Type of Space: Specify type of space requested. Note that completion of pages 3 through 6 are required for office space and laboratories only.

Location Desired: Do not specify a facility or piece of property. This will be accomplished through the Division of Property Development's real estate process. Instead, indicate a desired city, county, or location within a jurisdiction, i.e. east Seattle, a particular area defined by street boundaries, special location factors such as access to public transportation, proximity to a county court house, etc.

Agency Operations: Will operations require more than normal building operating costs; does the agency work beyond normal operating hours 8:00 AM to 5:00 PM? This information is needed for building owners.

Features Desired: Indicate length of lease term (1 year, 2 years, 5 years), staring date, ending date, firm term of lease or include a cancellation clause. Indicate any options and what they should provide. Indicate other lease provisions you require. Tell us if the rent should include janitorial services and all utilities in the standard lease and indicate exceptions. Indicate if the rent should include alterations and tenant improvements. How many parking spaces are needed?

Present Occupancy Status of Subject Agency Unit: Indicate the present occupancy status of your agency's unit now and the specific location and the status terms and options of the present lease at that location.

INSTRUCTIONS FOR PAGE 3 OF 6

Date: Date form completed.

Name of Requesting Agency: Self-explanatory.

Contact Person: Person who completed square footage analysis.

Office/Workstation Allocation: Complete a space analysis of all personnel, by department of Personnel classification codes and position titles, that are to occupy the new space. Include any vacant positions you reasonable expect to fill. For projected growth include only positions expected to be authorized and filled by end of that fiscal year. Do not include positions not physically located within your agency space. Do include field or seasonal positions requiring a dedicated or shared workstation. Enter the space code and square footage allocation for each position from the "Standard Office/Workstation allocations", State of Washington Space Standards Manual. For classifications where a space code has not yet been identified, complete an "Individual Workstation Survey" (GENA-1254).

Number of Personnel: Enter number of personnel in each category. In the columns marked "* _____" show projected staff for 2 to 5 years. Total the 5-year projection column to show the number of staff to be housed in the facility, which may be for a 5-year lease or longer if for a lease development project. Design and construction time should be considered in larger lease development projects, which take 2 years. Staff projections for those projects would normally by 7 years (2 years construction + 5 years occupancy). Multiply the "Personnel Projection" and the "Standard Square Feet Allowed" columns to arrive at the allowable square feet by position. Total the column in Category B and post to line C, page 6.

Attach a current organization chart for the personnel planned to occupy this facility; identify as attachment "I." Complete an adjacency criteria form (attachment "II") for each section to be included in this space request.

Average Square Feet Per Workstation: Divide the "Total Workstation Area" sum 'B' by the "Total Authorized Personnel" sum 'A'.

INSTRUCTIONS FOR PAGE 4 OF 6

Office Support Areas: Complete a space analysis of office support areas required by the agency using the five-year growth projection. Refer to the "Area Standards" from the "Space Standards Manual" to select the space codes and square footage allocation for each area identified.

Reception Areas/Rooms: Select the size of reception area required from the "Area Standards", based on the seating accommodations required on a daily basis in a typical situation. Do not select a requirement based on a "worst case" scenario. Total the square feet required or reception areas. The usual allowance for reception requirements is 3.3 square feet multiplied by the number of authorized personnel. The total square feet of reception space requested should not exceed this sum unless adequate justification for additional space is provided.

Conference Areas/Rooms: Select the appropriate size and number of conference rooms from the "Area stands", again figuring the capacity of each area on average size meetings held on a regular basis. Total the square feet required for conference areas/rooms. The usual allowance for conference requirements is 8.7 square feet multiplied by the number of authorized personnel. The total square feet of conference space requested should not exceed this sum unless adequate justification for additional space is provided.

INSTRUCTIONS FOR PAGE 5 OF 6

Office Support Equipment/Areas: Identify all office support areas required by the occupying agency. Include storage and supply areas, reproduction areas, file areas, and equipment not located in individual workstations. Indicate any common area workstations in this section which are not assigned to specific personnel. Refer to the "Area Standards" for equipment/areas. The usual allowance for common equipment/areas is 36.7 square feet multiplied by the number of authorized personnel. The total square feet of space requested should not exceed this sum unless adequate justification is provided.

Total All Office Support Areas: Total the square feet requested for reception, conference (from page 4) and office support equipment/areas (page 5) and post to line B, page 6. The usual allowance for office support areas is 48.7 square feet multiplied by the number of authorized personnel. The total space requested should not exceed this sum unless adequate justification is provided.

INSTRUCTIONS FOR PAGE 6 OF 6

Special Area/Room Requirements: Identify all special areas required by occupying agency. Include laboratories, classrooms, maintenance shops or any other special space that requires either enclosure by full height walls or special treatment within the general office environment. Indicate the size and special requirements necessary for each identified space (i.e. fireproofing, climate control, lockable security, exhaust/venting, heavy floor loading, special HVAC, etc.). provide justification for each special area. Total the square feet for special areas on line A.

Total Space Requirement:

- A. Total Special Areas/Rooms
- B. Total All Office Support Areas (from page 5)
- C. Total Workstation Area (from page 3, total "B")
- D. Total Work Space Area (Add Lines A & B & C)
- E. Total Internal Circulation (Add 25% of Line D)
- F. Assignable Space Required (Add Lines D & E)
- G. Non-Assignable Areas (Add 20% OF Line F)
- H. Total Gross/Rentable Area (Add Lines F & G)

Total Assignable Square Feet Per Person: Divide the "Assignable Space Required" Line F by "Total Authorized Personnel" sum "A" from page 3.

Miscellaneous Requirements: Indicate number of parking stalls required. Advise us of any other requirements needing to be addressed.